

AUG 19 1940

No. 2
11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25245**

Registration District No. **322**

Primary Registration District No. **5447A**

Registrar's No. **7918**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield - FAIR-GROVE**
(c) Name of hospital or institution **R.F.D. # 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days **7 2 2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**
(c) City or town **Fair Grove**
(If outside city or town limit, write "RURAL")
(d) Street No. **R# 2** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **LYDIA C. LINDSEY**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 19 1852**
(Month) (Day) (Year)

8. AGE: Years **88** Months **4** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **Jenn., I.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **In house**

12. Name **Pink Maple**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Rumyon**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. H. Hobbs**
(b) Address **Fair Grove, Mo. R# 2**

17. (a) **Burial** (b) Date thereof **July 20 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Love Hill Cem. Springfield, Mo.**

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) **July 21 1940** (b) **Allan Barnes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**
year **1940** hour **9** minute **30** A. M.

21. I hereby certify that I attended the deceased from **July 10 1940** to **July 17 1940**
that I last saw her alive on **July 17 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration** Duration **3**

Due to _____
Due to **12C**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **None** Of autopsy **None**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **293**
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature **R. H. Focht** (M. D. or other) **MD**
Address **Springfield Mo** Date signed **7/19/40**

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 40-8-54

Date Filed 8-12-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

J. B. Klingner

Licensed Embalmer No.

3358

P. O. Address

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.